

**Sussex wide Non-Emergency Patient Transport
Service (PTS) provided by:**

**South Central Ambulance Service NHS
Foundation Trust**



April 2018

What patients and carers
and some staff told us about
how the service has
changed.

“It takes a minute to feedback, but the difference could last a lifetime”

This project was led and managed by:

healthwatch
East Sussex

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Executive Summary

This is the second report Local Healthwatch, working together across Sussex, have published within the last 12 months about patient and carer experiences of using Non-Emergency Patient Transport Services (PTS). This report examines how the service changed over a six month period (June to December 2017) and since the new provider, South Central Ambulance Service NHS Foundation Trust (SCAS), took over the running of the service.

Key findings from our surveys conducted in November and December 2017:

- A total of 186 individuals completed our survey, either online or face-to-face
- Respondents across all areas of Sussex commented that they felt the service was '*better organised and more efficient overall*', with regular drivers having a significant positive impact on people's experiences.
- Overall **85%** (155) of all those surveyed were either '*Very Satisfied*' or '*Satisfied*' with the Patient Transport service, with **80%** (145) of respondents saying that they would recommend the service to family and friends. These numbers are higher than those recorded from our May/June patient surveys (75% and 77% respectively).
- The highest increase in satisfaction levels was recorded by Healthwatch Brighton and Hove, increasing from 67% in May/June 2017 to 84% by December 2017.
- Local satisfaction levels in East and West Sussex were both moderately lower than in May/June 2017. Renal patients were less likely than other patients to be '*very satisfied*' with the service and were also less likely to recommend the service to others.
- Only **6%** (11) of respondents felt '*Very Dissatisfied*' or '*Dissatisfied*' with the quality of their service, and **12%** would not recommend the service. These numbers are lower than those recorded in May/June 2017 (12% and 16% respectively)
- **52%** (79) of respondents stated that overall, they felt the service had got better in the period from May/June to November/December 2017 and a further **42%** (64) said that it felt about the same.
- Some negative issues with timing and coordination were highlighted and, as with our first report covering May and June 2017, weekends featured as the time when patients were most likely to have an inferior service experience.

Hospital staff who spoke to us said the service was about the same as the last time Healthwatch reviewed PTS in May and June 2017.

Unfortunately, some issues continue to undermine the overall performance of the PTS service. In several cases the same concerns were raised with the provider following our review in May/June 2017. Healthwatch will continue to press SCAS

and the CCG for answers to these lingering problems and an explanation of what remedial actions they will take.

Concerns Healthwatch have identified include:

- Poor pick-up times continue to affect some patients.
- Some renal patients continue to experience delays and uncertainties around pick-up times, despite being regular users of the service.
- Hospital staff report that they still face long delays in getting through to the control centre, distracting them from their important work caring for patients.
- Additional training is suggested for dispatch staff, to help them understand the local geography, leading to better scheduling of transport, and
- Specific concerns were raised by some wheelchair users regarding the accessibility of some vehicles.

Whilst SCAS have introduced positive changes which are delivering tangible improvements, Healthwatch believe much more is needed, particularly to ensure that services run better for renal patients. The reintroduction of regular, nominated drivers is one example of a successful improvement that has delivered positive change for some PTS patients, offering them greater certainty and assurance.

A key concern for Healthwatch, as identified through this latest review, is whether the current service is capable of adequately identifying vulnerable patients, such as those with caring needs, the elderly and those with multiple and complex needs, including wheelchair users. We heard stories of vulnerable individuals experiencing lengthy delays before being taken home.

Lastly, Healthwatch will also seek assurances from the Trust and the commissioner that robust policies and procedures are in place, where the provider is sub-contracting PTS services as part of the contract.

Background

This report is published one year on from when the new provider, South Central Ambulance Service NHS Foundation Trust (SCAS) took over the contract from Coperforma, for delivering the non-emergency Patient Transport Service (PTS) across Sussex. Healthwatch from across Sussex have worked together to publish this second report on the views and experiences of patients and carers using the service.

Healthwatch in Brighton and Hove (HWBH), East Sussex (HWES) and West Sussex (HWWS) were commissioned by the lead commissioner, NHS High Weald, Lewes, Havens (HWLH) Clinical Commissioning Group (CCG), to undertake this activity using our statutory resource to enter and view.

The evidence and insight gathered provides the lead commissioner, the new provider, wider stakeholders, patients and the public with an independent report of patients' and carers' experiences, together with an overview of the quality of the service from the lay/patient perspective.

As this is a second report about the service within a 12-month period, it also provides evidence and insight that can be compared with observations and findings identified in the first report that was published in September 2017
<https://www.healthwatcheastsussex.co.uk/our-work/our-reports/>

Since 2016, Healthwatch across Sussex (and other system partners) have been aware of patient concerns about the Patient Transport Service. Healthwatch Brighton and Hove (HWBH) undertook its own independent review of the service in 2016, followed in 2017 by the two reviews undertaken by the three Healthwatch teams across Sussex. During this time, recommendations have been made to address the following areas:

- Improve the service for renal patients, particularly over the weekend period (notably Saturdays where the reliability of the service dips)
- Provide patients with additional support with their mobility where needed (reports of transport not being suitable for some wheelchair users)
- Deliver a consistent service for patients with timelier pick-up and take-home times; and better information concerning collection times.

Findings from this report will be made available to commissioners, local scrutiny committees, wider stakeholders and the public to ensure patient experience is at the centre of the service.

Objectives

To seek the views and experiences of patients, carers and relatives (and staff) using non-emergency patient transport services delivered by SCAS across Sussex in November and December 2017 using the following methods:

- On-line and social media forums to capture real time feedback over a three-week period in November and December
- Engage face to face with patients where we could find most people using PTS, mainly oncology, renal and outpatient departments (including wheelchair users) in a variety of acute and community services
- Offering patients and carers the opportunity to tell their story with Healthwatch representatives and present case studies
- Produce and publish a report of the findings following each activity

Methodology

Our findings are based on observations and conversations with patients, carers and staff, supported by statistical data captured during interviews with patients. They also include case studies and comments gathered from patients who wanted to tell their story and some staff members where patient and carer responses were low.

Following publication of our first report in 2017, HWES was contacted by a group of wheelchair users that regularly use PTS to share their views. These are patients accessing services mostly in East Sussex and Brighton and Hove. Their views and experiences are included as an Appendix on page 30.

What is Enter and View?

Enter and View was used to identify a sample of patients who make up the **186** respondents using the Patient Transport Service (PTS) on randomly selected days during three weeks in November and December 2017.

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives (ARs) carry out these visits to health and social care services to find out how they are being delivered, promote positive experiences, and make recommendations where observations highlight areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch ARs to observe service delivery and talk to patients, service users, their families and carers, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can take place when people tell us there is a problem with a service but also when people speak highly of a service. This way we can learn from and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with local Healthwatch safeguarding policies. If at any time an AR observes anything they feel uncomfortable about they will inform their lead, who will in turn inform the service manager to end the visit.

If any member of staff wishes to raise a safeguarding issue involving their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

This programme of visits was planned and delivered using Healthwatch Enter and View methodology. A total of **19** Authorised Representatives covered **38** sessions, at 13 service venues across Sussex starting on Monday 27th November and finishing

on Friday 15th December 2017. (For list of service venues visited please refer to page 24.

Survey Methodology

A questionnaire was developed to seek the wider views and experiences of patients and carers and others (such as relatives) in collaboration with NHS, HWLH CCG, as the lead CCG, and the current PTS provider, SCAS. The questionnaire was conducted face to face during the visits by Authorised Representatives and was also made available online via the local Healthwatch websites for East Sussex, West Sussex and Brighton and Hove.

Questions were framed in the same format as the SCAS Patient Experience survey, with added scope to gather more qualitative information from patients and carers. As well as asking about a recipient's overall satisfaction, booking and timekeeping of the service, further questions included topics around safety and comfort of their journey. All local Healthwatch in Sussex used the same set of survey questions in their interviews with patients and carers, which included a new question seeking views about how the service had changed over a six-month period.

Observations and findings

This section provides an overview of findings from the surveys completed in November and December 2017, with narrative to support these where this adds to the context of the question. Where percentages are included in the narrative, the number of responses relating to this are shown in brackets and unless stated reflect the combined total of responses from the localities.

A total of **186** people completed the survey across the three Healthwatch localities and online. Shown below is the breakdown of where these responses were from, with their percentage of the combined total also reflected. Online results were few and are reflected at the end of this section.

Healthwatch Locality	Number - Wave 2 (Nov-Dec 2017)	%	Wave 1 May-June 2017)
East Sussex	34	18%	68
West Sussex	18	10%	19
Brighton and Hove	122	66%	105
Online	12	6%	26
Total Respondents	186		218

Please note that some individuals chose not to answer every question in the survey. This has affected the statistical analyses for some of the results reflected in this section. The number of responses recorded per question may therefore be lower than the total number of respondents overall (i.e. lower than 186). In some cases, only a small number of individuals may have answered a question and such

results should be considered as noteworthy but not necessarily statistically reflective, for example if only 3 people in total answered a question this could reflect a 100% response rate.

Comparison to Wave 1 (May/June 2017) activity

Where results for *Wave 2 (November/December 2017)* demonstrate a positive, negative or neutral variance, compared to the previous *Wave 1* responses, the following highlighting method has been used;

A *positive trend* identified, or a 5% or more increase in positive responses will be highlighted green

A *neutral trend* or a variance of up to +4% or -4% from Wave 1, will be highlighted amber

A *negative trend* or a variance of -5% or more will be highlighted red

Should a cell be left unshaded, this signifies that no response was analysed for either Wave 1 or Wave 2 that would provide a trend or variance for comparison

This method of highlighting is a way of presenting variance between the two Waves of activity and provides an indication of possible trends for responses to a question. It should be noted that the number of responses should be considered for each question, before judgements are made about the positive or negative aspects of the responses.

The following report headings reflect on the main sections of the survey for booking the service, arriving to and getting home from appointments and overall satisfaction. Each section highlights some of the key messages, if found, for each of the respondent locations after the main summary table, along with the positive, negative or neutral variance if found.

A full breakdown of the results can be found in Appendix 3. alongside the questionnaire.

Where did respondents come from?

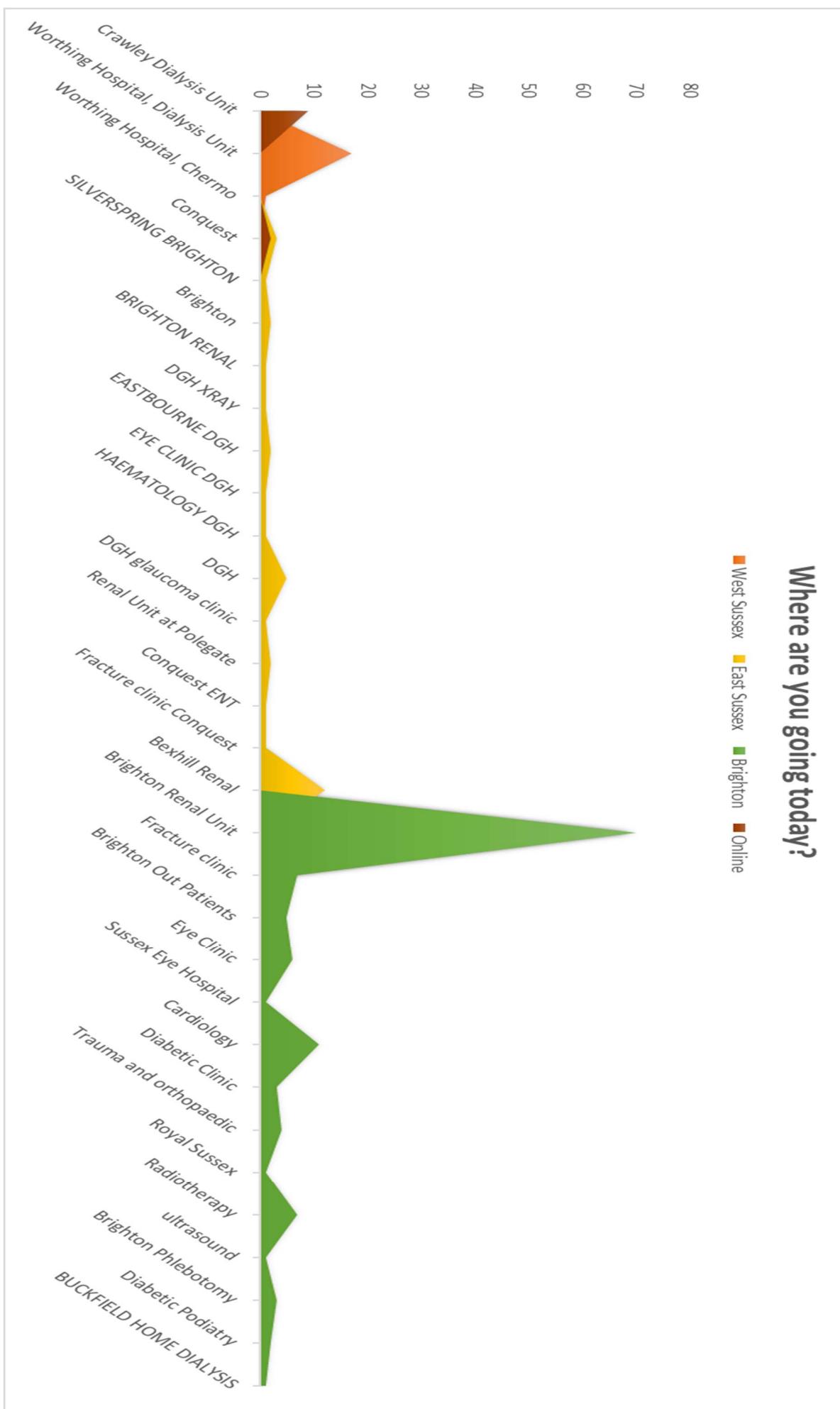
The following table provides an overview of the postcodes where respondents came from, and which Healthwatch they completed the survey with. *This demonstrates the large area covered by the PTS service and how many respondents do not necessarily use services in their immediate locality or within the boundaries of their local Healthwatch.* A total of 171 postcodes were given.

	Healthwatch Brighton and Hove	Healthwatch East Sussex	Healthwatch West Sussex	Online
Postcode area				
Arun	5	0	6	0
Brighton and Hove	29	0	0	0
Crawley	0	0	0	1
Eastbourne	8	7	0	0
Hastings	6	14	0	4
Horsham	6	0	1	1
Lewes	51	7	0	2
Mid Sussex	1	0	0	1
Sevenoaks	1	2	0	0
Worthing	10	0	8	0
	117	30	15	9

Of note is the large number of respondents who live in the Lewes and Worthing areas who use services within Brighton and Hove, and those who come from further afield such as Hastings and Arun to use services.

Where are you going?

The following chart on P.11 demonstrates the services that respondents said they were visiting at the time of speaking to local Healthwatch. As can be seen, the highest number of respondents were using renal services in Brighton and Hove. The second highest, were using the dialysis unit in Worthing.



Booking and using the service

Overall **78%** (144) of respondents said that they were regular users of the Patient Transport Service. **21%** (39) of these stated that they booked the service for themselves, with **66%** (122) saying that the hospital booked their transport.

SCAS staff were routinely mentioned as being helpful and supportive. Less positive aspects of the system included the booking process itself and the different numbers which individuals needed to use to contact the call centre.

Brighton and Hove

What was good: Where respondents booked the service for themselves, most said that they found it an easy process. Staff and staff attitudes were commented on positively and the actual booking process itself was considered straightforward.

What was not so good:

Where problems were encountered these were related to the different numbers to ring to cancel a booking; the wait times for a call to be answered, or having to answer lots of questions (which regular users of the service said was frustrating).

“Easy to make a booking, helpful staff. However, when they do not turn up it is a different number - takes time to be answered, shunt you about and sometimes cut off, also lie: telling you they will be there in 10 mins.”

West Sussex

What was good: Most respondents were positive about their booking experience, whether booked themselves or by staff.

What was not so good: One respondent did comment:

Booking is not automatic by hospital. Had experience 2/3 hours wait to go home. No food had been offered during this time and I am diabetic. Forced now to buy sandwiches.

East Sussex

What was good: Where positive comments were provided, they stated that the staff were ‘helpful’ when booking a service.

What was not so good: Some comments were made about long waiting times to go home and in one instance the individual had not been given a definite time.

Getting to your appointment and home again

Did you arrive for your appointment on time?	Yes	%	No	%
East Sussex	33	97%	1	3%
West Sussex	8	44%	10	56%
Brighton and Hove	57	47%	65	53%
Online	4	33%	8	67%
All respondents	102	55%	84	45%

East Sussex showed the highest level of positive responses from people arriving on time for their appointments. Brighton and Hove, West Sussex and online respondents reported less positive results.

Where respondents stated that they did not arrive on time for their appointment, 71% (58) said that they were early to their appointment.

Where respondents indicated they had arrived late for an appointment, it was only in Brighton and Hove where respondents reported being more than 1 hour late. In East Sussex only one respondent indicated that they had not arrived for their appointment on time, although no information was given regarding how early or late they were.

See table on Page 26 for full the breakdown of arrival times.

Brighton and Hove

What was good:

Few positive comments were recorded. Respondents stated they liked to be picked up as close to the time that they had booked as possible. It was mentioned that having a regular driver had a positive effect on being picked up on time.

What was not so good:

Respondents felt that traffic and multiple pickups were the main reasons for late pickups. When PTS were late some respondents found it difficult to get through to the booking centre for an update. It was also reported that Saturdays could be particularly problematic for PTS to keep to an appointed pick up time. Where contact with the driver was made, this was routinely welcomed.

“It took 2 hours to get to the hospital, picking up other patients on the way, one of whom had already been picked up by another driver. Saturdays are a nightmare, no chance of getting through on the phone”

Some respondents also stated that they were picked up very early (up to five hours in one comment) which was also not satisfactory.

West Sussex

Few comments were left for West Sussex. Of note was one respondent who said that they were picked up at 05:45 in the morning, which was 40 minutes earlier than their booked time, on a journey with three others.

East Sussex

No comments received

Journey

People were asked to rate different aspects of their journey to and from their appointments, including tidiness of the vehicle, whether it met their needs, comfort levels and how well they felt it was driven.

In all areas respondents were extremely positive about their journeys and only a small number of comments were left which were not positive; focussed mainly around ambulances/larger vehicles being less comfortable than cars.

Getting home from your appointment

Did your transport home arrive on time?	Yes	%	No	%
East Sussex	22	69%	10	31%
West Sussex	10	56%	8	44%
Brighton and Hove	54	50%	55	50%
Online	4	33%	8	67%
All respondents	90	53%	81	47%

Across all three Healthwatch areas, experiences of return journeys home from appointments produced mixed results. The responses were broadly similar to those for getting to an appointment on time.

While journeys home formed a less positive experience overall for East Sussex respondents than arrivals, the reverse was true for both Brighton and Hove and West Sussex where respondents were slightly more positive about this part of their journey than getting to appointments.

Where answers were given indicating if a person got home early or late from their appointment, 7% (4) went on to say that they got home early, with the remaining 93% (58) of those who gave a timeframe indicating that they were late home. 40% (25) of respondents said that their transport home was more than one hour late. This was worst in East Sussex with all respondents who answered this part of the question being over an hour late (4 people).

Most respondents also said that the crew or driver escorted them to the reception desk of their destination and ensured that staff were made aware of their arrival. Where patients answered ‘no’ to this question, they commented that they were happy to make their own way to reception.

Brighton and Hove

50% (54) of those who responded said that their transport was on time to take them home. No comments were left which provided an insight into why people may have arrived home late.

West Sussex

56% (10) respondents were happy with their transport going home. Some comments referred to the need to provide a dedicated service for those receiving dialysis treatment and in one instance a patient experienced an 8-hour delay

Saturdays were also given as a day where the service appeared to encounter most difficulties;

I've had to resign from voluntary work because Saturdays are much worse.

East Sussex

As with other areas, many respondents indicated that their transport arrived on time to take them home, with **69%** (22) of respondents providing positive answers. Where additional comments were left, these were negative in nature. Problems that were experienced included issues with the coordination of emergency transport to take individuals home, and a poor Saturday service.

Saturday seems to operate a different system, seem to take one at a time home, patients are all local.

Satisfaction, recommending the service and improvement

Respondents were asked to provide an indication of their satisfaction levels for the Patient Transport Service and how likely they would be to recommend the service in the future. They also were asked that if they had used the service previously within the last six months, if the service has improved.

Overall **85%** (155) of respondents were either ‘Very Satisfied’ or ‘Satisfied’ with the Patient Transport service at that time, with **80%** (145) saying that they would recommend the service to family and friends.

Only **6%** (11) of respondents felt ‘Very Dissatisfied’ or ‘Dissatisfied’ with the quality of their service and **12%** would not recommend the service.

52% (79) of respondents stated that overall, they felt the service had got better in the last 6 months and a further **42%** (64) indicated that it felt about the same. The highest increase in satisfaction in this area was reported by Brighton and Hove respondents.

Respondents from across all Healthwatch areas commented that they felt the service was better organised and more efficient overall, with regular nominated drivers having a significant positive impact on people’s experiences.

Continuing issues with timing and coordination were highlighted by some respondents; and weekends again featured as being problematic for some.

Brighton and Hove

84% (102) of respondents said that they were either very satisfied or satisfied at that moment in time with the quality of their Patient Transport service, with **76%** of respondents saying that they would recommend the service.

What was good:

95% of respondents said that the service was ‘Better’ or about the same as it had been in June 2017. Positive comments were received regarding the regularity of drivers, communication and shorter waiting times. Respondents also commented that they had greater confidence in the service.

They are better at turning up at a decent time. Before there were times when I was just left and didn't know what was happening.

What was not so good:

Some respondents continued to cite coordination or organisational issues as being the main reason for their ongoing dissatisfaction with the service, however these comments were few overall.

West Sussex

In this area **89%** (16) of respondents were ‘Very Satisfied’ or ‘Satisfied’ with their service and **88%** (14) saying that they would recommend it to family and friends.

What was good: **94%** of people said that they felt their service was ‘Better’ or ‘About the same’ as it was in June 2017 and comments reflected positive changes in organisation and timekeeping.

What was not so good: Nothing of note was commented upon.

East Sussex

87% (26) of respondents were either ‘Very satisfied’ or ‘Satisfied’ with the service that they had received and 83% (26) said that they would recommend the service to family and friends.

What was good: 84% (29) of respondents felt that their service was ‘Better’ or ‘About the Same’ as it was in June 2017. Where positive comments were left, these referred to general improvements and improved journey times.

What was not so good: East Sussex respondents provided slightly more negative comments than other Healthwatch areas, although the overall number of these was small. Most of the negative comments related to the attitudes of call handlers and poor communication.

On complaining the staff are very rude, no explanation, no apology, no written communication.

Online responses

12 online surveys were completed. Due to this small number of responses the following section provides a summary of the findings only, and is included for information and completeness. Respondents’ comments are included where appropriate.

Getting to your appointment

One respondent said that although they needed their transport for a 07:00am pick up, it was booked for 07:30am. No comments were received regarding their return journey.

Journey

Online respondents showed the lowest levels of satisfaction with the PTS, although it should again be noted that response rates were low overall. Only 33% (4) said that they were happy with the wait for their transport home. Where comments were made about lateness, these cited traffic issues or having to wait for other patients to complete their treatment before going home as being the main reasons.

Satisfaction, recommending the service and Improvement

92% (11) of respondents said that they were either ‘Very Satisfied’ or ‘Satisfied’ with their Patient Transport service, and 100% (12) indicated they would recommend the service. Online respondents were positive about how they felt the service was performing, with 100% (12) saying that it was ‘About the Same’ or ‘Better’.

Case Studies

In East Sussex and West Sussex service venues, the volume of patients using PTS over the survey period was significantly lower than in Brighton and Hove. *However, when analysis was made of the respondent postcodes many were found to be from East and West Sussex who were using services in Brighton.* Therefore, to support the evidence and insight gathered in the surveys, the following insights were gathered from conversations and observations made by and from the perspectives of Authorised Representatives (ARs) during their visits.

Engagement at Bexhill Hospital week commencing 4th December 2017.

Having visited Bexhill Hospital in June 2017, I followed the same methodology for each visit. I spoke with the Transport Liaison Officer (TLO) at the Reception desk, visited the Outpatients areas, Ophthalmology, Dowling (Age Related Macular Degeneration), MSK¹/Physiotherapy and Radiology units before visiting the Day Surgery Unit and Renal unit, operated by Brighton and Sussex University Hospital NHS Trust (BSUHT).

The TLO told me that the transport desk at this hospital is to be withdrawn in mid-December because there is insufficient demand (The Renal unit organises its own transport). Although there were three PTS journeys arranged for each day, the desk deals with enquiries. On each visit a member of staff made enquiries about the absence of a patient to be told that the journey had been cancelled. The Reception staff receive a daily list of expected PTS arrivals.

On each visit, the only area receiving patients using PTS was the Renal unit. Patients visit the Renal unit in morning and afternoon cohorts on Monday, Wednesday and Friday or Tuesday, Thursday and Saturday. I spent some time with the Nurse-in-Charge. They said that the PTS system has settled down but Saturdays do not run as smoothly as weekdays. I specifically asked about one patient who was badly affected by the inordinate delays for their return journeys; this has been resolved.

I visited the unit on Tuesday afternoon to capture feedback from those who attend on Saturday afternoons. The general view of this group is that the drivers on Saturdays are not “the regular” drivers and the journey patterns are structured differently. Patients arrive in their normal group of three and then return separately in ones and twos.

This group of patients are, by the nature of their condition and treatment, very stoic but there was a general impression given that the system has settled down and extreme delays (two hours plus) are very rare.

¹ A musculoskeletal (MSK) disorder is any injury, disease or problem with your muscles, bones or joints.

I spoke to six patients during each visit.

Eastbourne Dialysis Clinic (Diaverum)

On arrival, I found the unit to be friendly and efficient. There were nine patients having dialysis. I spoke with all six who had arrived at the unit using PTS. All except one were very pleased with the service. (There was no information noted as to why this patient was not satisfied with the service). All were also regular users of the service and well known to the PTS drivers and vice versa.

The patients do not have to telephone the PTS. The ward clerk makes all the appointments for them. She even makes their appointments if they are going to another Hospital or clinic. Because of this highly personalised service (albeit small), it does not truly reflect the patient experience where patients have to do the telephoning themselves.

Conquest Hospital, Hastings Saturday 2nd December 2017

On this morning, the outpatient area was deserted. The only areas open were Urology Clinic and Radiology. We did not observe any patient arriving using PTS. The patients attending the Radiology department appeared to be arriving independently or with a family member/carer. One patient interviewed was unaware that they could have used PTS on a Saturday.

Eastbourne District General Hospital Saturday 2nd December 2017

No patients were observed arriving that were using PTS.

Uckfield Community Hospital

A 91-year-old patient in a wheelchair was brought in by PTS in good time for a late morning appointment in one of the clinics. At 15.15 hours the patient was fit for transport home, they were brought down to the reception area to await booked transport home.

The reception staff called the transport office during the afternoon when the patient was not collected, and they said they did have the patient scheduled but they would have to wait a while as they had crew problems.

Reception staff kept an eye on the patient and offered refreshment (drinks) while they waited. There is no cafeteria at Uckfield hospital only a dispensing machine for drinks and snacks. The patient did not want to drink too much as they needed assistance to go the toilet and did not want to interrupt the nursing staff, although a Nursing assistant did help the patient during the course of the afternoon.

At 17.30 hours the patient was still awaiting transport home. The reception desk closes at 17.00 hours and a receptionist stayed with the patient until 17.30 hours

but then took the patient to the Minor Injuries Unit (MIU) so that they would be in someone's care while waiting. MIU staff looked after the patient until approximately 18.15 when the transport finally arrived. This transport apparently came from Horsham.

The MIU staff did say if there had been enough of them to spare someone, they would have pushed the patient home as they only lived a couple of roads away from the hospital, but that it had not been possible.

Vehicle observations

AR's visiting sites across East Sussex noted that it was not always apparent which vehicles were provided by SCAS (easily identifiable), and which were being provided by other organisations. It was unclear whether the unspecified 'SCAS' vehicles were private companies acting independently, or sub-contracted by SCAS.

Although this was only an observation in East Sussex, HWES believes there is a sufficient level of risk involved to seek reassurances from the Trust and the CCG that any independent providers they sub-contract have robust policies and procedures in place that ensure the safety and best interest of the patients.

Brighton and Hove

In Brighton and Hove, feedback from patients and carers regarding their experiences of using PTS on Saturday/weekends was consistently poor. Some examples are listed below:

'In the week, on time, usual driver, no problems; Saturdays, can be anyone! Can be emergency ambulance, communication is really poor on Saturdays'

'Better in the week, but Saturdays isn't!'

'...usually ok on weekdays, Saturdays are an issue, usually no guarantee of a car, sometimes an ambulance turns up which is very bumpy...usually the return journey home is the most stressful about Saturdays'

'week-ends just a lucky dip!'

This feedback was consistent across all of the responses reviewed. It was also consistently reported in the earlier review (May/June 2017). Healthwatch therefore calls upon the CCG and SCAS to review the weekend service and provide it with a list of improvement measures it plans to make based on this and the earlier review findings.

There were several comments received from respondents who also had caring responsibilities. We were told that if these individuals experienced delays in being picked up to be taken home this created additional anxiety for them i.e. concerns about the well-being of those they were looking after. **This feedback is why Healthwatch questions whether the current service is capable of adequately identifying those with caring needs.**

“90% of the time the transport home is late, mornings are more reliable...I don’t think other people would put up with what I put up with...I am a carer for my spouse and need to get home to look after them, I’m afraid they will have a fall!”

In another example, where the respondent’s spouse was their carer, the respondent was satisfied with the PTS service, but their additional comment was as follows:

...it would be good if my husband could come with me, he has to leave me on my own and get the bus from Portslade so that he gets to the hospital to be there for me

This issue has been raised before and there are criteria which carers must meet to accompany their partners. However, this example is included to demonstrate the impact which some SCAS policies/ decisions have on patients and their carers.

In another example, problems with transport had impacted on the respondent’s daughter:

...last Tuesday, left in waiting room. Driver had arrived to collect but when he realised the patient was not finished, the driver cancelled the booking, but didn’t tell the office by the waiting room or tell the patient. The patient’s daughter had to be contacted to come and collect them.

Whilst these examples are largely negative, most respondents were sympathetic to the daily challenges faced by drivers, citing ‘the organisation’ or organisational planning as the real reasons for many of the problems with the service i.e. problems with communication and planning.

This again is consistent with previous feedback provided in earlier Healthwatch reports and suggests that further robust improvement is required in these areas.

Other themes which were consistently gathered related to contact with the call centre. Many respondents provided positive comments about booking a service describing it as being “*very friendly, helpful and efficient*”. However, the same sentiment was not expressed by patients, carers and some staff when trying to call the contact centre if their transport had not arrived or was late, with some

comments suggesting that staff were “*rude*” “*disbelieving*” and “*lying*”. The single most consistent theme was the length of time taken to answer calls and waiting to speak to an operator.

These issues and concerns were highlighted in the previous Healthwatch report which indicates that this area has not improved.

Examples and quotes from respondents interviewed by Healthwatch Brighton and Hove:

The following examples and quotes are from renal patients and reinforce some of the themes and issues about PTS which have been identified throughout this report. They highlight where potential changes to the current PTS could be made to improve patient experiences. It should be noted that non-renal patients provided more positive comments about the service.

Positive comments and experiences include:

- “Each day, same driver, same three patients; patient is very happy with these arrangements.”
- “No noticeable improvements since last review, but the service is MUCH better than before the change of provider.”
- “There is a long wait for the phone to be answered but otherwise, all ok.”
- There were several good examples where drivers ring ahead to alert patients to any delays etc. (when it is safe to do so). Where this happened the ‘patient experience’ was noticeably better overall.
- Some helpful suggestions from respondents included SCAS having a dedicated support team who arrange transport for renal patients.

Negative comments and experiences include:

- A 94-year-old man left waiting to be taken home for three hours in the Renal Reception area following dialysis”;
- A paraplegic woman who frequently arrived home late after her dialysis which meant that her carer had already left, meaning she sometimes had to remain in her wheelchair all night;
- Renal patients arriving late for their appointment told us they sometimes lost their slot for dialysis - three patients told us about 90-minute delays before starting dialysis which resulted in an 8-10-hour treatment day;
- “Patient feels that since they made a complaint, they are now being penalised with poor service”;
- One patient told us that they have requested a car as they suffer vertigo and cannot travel by ambulance; however, an unsuitable vehicle is often sent in error. The patient refuses to travel by car following an earlier incident which required her to attend A&E.
- During the survey period, HWBH were contacted by a patient who wished to share details of a previous incident. This patient did not complete a survey, but their experience is included given the seriousness of the alleged

incident. The patient advised HWBH that they had reported a driver for allegedly texting whilst driving. Healthwatch calls upon the trust to respond to any complaints about drivers allegedly texting whilst driving.

Most of this feedback is consistent with the feedback gathered in the previous review.

Report conclusions

Healthwatch Brighton and Hove gathered 122 surveys from patients, carers and relatives together with the views of some staff members. Their analysis of these survey responses suggests that overall the service is gradually improving. This is good news for patients and providers, and long overdue:

- More than half of those surveyed in Brighton and Hove reported the service had improved between May/June - November/December 2017
- The majority of respondents reported being satisfied with the service and a vast majority said they would recommend the service.
- Renal patients were less likely than non-renal patients to be ‘very satisfied’ with the service, and were also less likely to recommend the service to others.
- Hospital staff who spoke to us said the service was about the same as the last time Healthwatch reviewed it in May/ June 2017.

Unfortunately, some issues continue to undermine the overall performance of the service. In a number of cases these were raised with the provider, South Central Ambulance Service (SCAS), following earlier reviews.

Healthwatch are pushing SCAS and the CCG for answers to solve some lingering problems, and an explanation of what action they intend to take to address these, as well as other concerns.

Healthwatch raised some of these issues at the Brighton and Hove Overview and Scrutiny Committee in February 2018².

Key themes emerging:

- Poor pick-up times continued to affect some patients.
- Overall, renal patients continued to experience delays and uncertainties around pick-up times, despite being regular users of the service.
- Hospital staff still faced long delays in getting through to the control centre, distracting them from their important work caring for patients.

² [https://present.brighton-hove.gov.uk/Published/C00000911/M00006671/AI00065700/\\$20180131100142_015867_0055333_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000911/M00006671/AI00065700/$20180131100142_015867_0055333_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf)

- Additional training is suggested for dispatch staff, to help them understand the local geography leading to better scheduling of transport.
- Specific concerns were raised by wheelchair users regarding the suitability of some vehicles.

It is clear that SCAS have introduced changes which are delivering tangible improvements, but more is needed, particularly to ensure that services run better for renal patients. The reintroduction of regular, nominated drivers is one such example of a successful improvement that has delivered positive change for some PTS patients, offering them greater certainty and assurance.

A key concern for Healthwatch, as identified through this latest review, is whether the current service can identify vulnerable patients i.e. those with caring needs, the elderly and those with multiple needs.

During the review, patients told us some stories that greatly concerned us.

- A 94-year-old man was left waiting for three hours in the renal reception area to be taken home after dialysis.
- A paraplegic woman who frequently arrived home late after her dialysis which meant that her carer had already left. This meant she sometimes had to remain in her wheelchair all night.

If patients who are poorly, tired and vulnerable, continue to suffer in these ways, can we truly say that the PTS is routinely meeting the needs of patients?

Report recommendations:

- Ensure Clinical Quality and Patient experience is at the centre of every new service commissioned and an integral part of the operational delivery. *In order to ensure this happens, the following are actions which Commissioners and/or SCAS could consider.*
- Create a dedicated team to support renal patients who are regular users of PTS.
- Improve experiences for patients (and staff) accessing the contact centre by streamlining the list of numbers which can be called, and reducing wait times. A dedicated phone line for staff should be considered.
- Identify actions to improve the timeliness and reliability of the service for patients over the weekend period.
- Increase the use of patient forums and meaningful engagement so that service users can participate in service review and improvements. For example:
 - Wheelchair users; those who require additional support with their mobility; those with complex medical needs, and those with caring responsibilities should all be involved in reviewing existing protocols.
 - SCAS to attend wheelchair user groups across Sussex meetings. We understand these are held biannually.

- Review staff training to ensure this provides a good understanding of the needs of mobility impaired patients. That is, those needing support with: transferring, hoisting and safe handling and mobilizing of their own wheelchairs in and out of vehicles.
- SCAS to provide Healthwatch with confirmation that robust quality assurance systems are in place regarding all sub-contracted providers; and
- Healthwatch in East and West Sussex to refer the report findings to their Health Overview Scrutiny Committees.

Acknowledgements

Healthwatch across Sussex would like to thank all the members of staff who enabled the visits to go ahead from the numerous Trusts involved, the patients and carers and our volunteers for their time and generosity in making these activities possible.

Provider Response

Thank you for the report which is comprehensive and welcomed. It is important for us to receive feedback from various sources to ensure we are continuously learning and improving.

SCAS are working closely with commissioners on reporting our successes and areas for improvement and that partnership has grown over the last year. SCAS also remain committed to working with and scrutinising the work of our private providers and compliance.

We are pleased to note that service (PTS) is viewed as better organised and improved overall. However, while improvements have been identified we will work to reduce pick up delays and build on our service for renal patients (which starts in the call centre and planning). We recognise that improvements can be made. We have completed some detailed review work on wheelchair users in SCAS PTS services and will build on getting the right transport first time.

SCAS also welcome the high percentage of users reporting satisfaction with the service and those who would recommend the service.

Debbie Marrs, Assistant Director of Quality and Patient Care, South Central Ambulance Service NHS Foundation Trust

Commissioner Response

We would like to thank Healthwatch for their ongoing support of the Patient Transport Service.

It is good to see that the level of satisfaction with the service is high and improving and we would like to thank SCAS for their ongoing hard work.

It is disappointing to see there are still pockets of poor patient experience, especially around pick up times for return journeys and also Saturday journeys. While SCAS and the CCG have worked hard to address these, there is obviously more work to be done to make sure the patient experience is consistent across the week and the service.

The CCG continues to work with SCAS to ensure a high quality service and particular work is being done around the quality of subcontractors.

We will continue to address the concerns regarding wheelchair users and vulnerable patients, building on work that has already started to ensure the service is inclusive and high quality for all eligible patients.

Dr Sarah Richards, Chief of Clinical Quality and Performance, High Weald Lewes Havens Clinical Commissioning Group

List of services visited:

- Royal Sussex County Hospital (RSCH), Brighton - 11 wards and departments.
- Renal Dialysis Unit, RSCH
- Eastbourne District General Hospital - East Sussex.
- Conquest Hospital, Hastings, East Sussex.
- Bexhill Hospital, East Sussex
- Bexhill dialysis Unit, Bexhill Hospital, East Sussex.
- Eastbourne Dialysis Clinic (Diaverum), Polegate, East Sussex.
- Lewes Victoria Community Hospital, East Sussex.
- Uckfield Community Hospital, East Sussex.
- Rye Community Hospital, East Sussex.
- Worthing Hospital, West Sussex.
- Crawley Hospital, West Sussex.

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Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

We will be making this report publicly available by **8TH May 2018** by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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Appendix 1: Response Tables

The following tables represent the answers received from the Authorised Representative engagement activity and online responses for the Patient Transport Service survey. Any narrative regarding indicative trends in this section will relate to the ‘Total Respondents’ figure.

Comparison to Wave 1 (May/June 2017) activity

Where results for *Wave 2 (November/December 2017)* demonstrate a positive, negative or neutral variance, compared to the previous *Wave 1* responses, the following highlighting method has been used;

A **positive trend** identified, or a 5% or more increase in positive responses will be highlighted green

A **neutral trend** or a variance of up to +4% or -4% from Wave 1, will be highlighted amber

A **negative trend** or a variance of -5% or more will be highlighted red

Should a cell be left unshaded, this signifies that no response was analysed for either Wave 1 or Wave 2 that would provide a trend or variance for comparison

This method of highlighting is a way of presenting variance between the two Waves of activity and provides an indication of possible trends for responses to a question. It should be noted that the number of responses should be considered for each question, before judgements are made about the positive or negative aspects of the responses.

Q1: Thinking about Patient Transport Services, do you consider yourself to be a:					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Regular User	1 (8%)	11 (33%)	23 (19%)	--	144 (78%)
Occasional User	10 (83%)	22 (67%)	94 (77%)	18 (100%)	35 (19%)
Other	1 (8%)	--	5 (4%)	--	6 (3%)

Q4: Who usually books your non-emergency transport?					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yourself	3 (25%)	6 (18%)	29 (24%)	1 (6%)	39 (21%)
Carer/relative	--	4 (12%)	7 (6%)	--	11 (6%)
GP	--	--	3 (2%)	--	3 (2%)
Hospital	9 (75%)	17 (50%)	79 (65%)	17 (94%)	122 (66%)
Other	--	7 (21%)	3 (2%)	--	10 (5%)

Findings for this question indicate an increase in the number of people having transport arranged by a hospital, with fewer arranging transport for themselves.

Q4a: If you have booked the transport yourself, did you find it easy to do?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	3 (25%)	5 (15%)	30 (25%)	2 (11%)	40 (22%)
No	--	3 (9%)	4 (3%)	--	7 (4%)
N/A - I did not book transport myself	9 (75%)	26 (76%)	84 (71%)	16 (89%)	135 (74%)

Indicatively, while the overall number of respondents who found it easy to book their own transport has decreased, this may be related to the increase in those who did not need to book transport themselves, which shows an increase from Wave 1. Also, a positive reduction in the number of people who said that they did not find it easy was found in Wave 2.

Q5: Does your journey involve a child or young person who requires additional seating to meet legal requirements (e.g. car seat)?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	1 (8%)	--		1 (6%)	2 (1%)
No	11 (92%)	34(100%)	122 (100%)	16 (94%)	183 (99%)

Q6: Did you arrive for your appointment on time?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	4 (33%)	33 (97%)	57 (47%)	8 (44%)	102 (55%)
No	8 (67%)	1 (3%)	65 (53%)	10 (56%)	84 (45%)

Initially it appears that most respondents have had a worse experience in terms of arriving on time for their appointments compared to Wave 1. (May/June 2017). However, Q6a below reflects a more positive outlook, with more respondents saying they arrived early to their appointment and less indicating they were late.

Therefore, this question may need some further exploration to understand more around a patient's expectations regarding arrival times - for example some may have arrived 30 minutes - 1 hour early for an appointment but may have felt that this was too long to wait and were not on time for their appointment.

Q6a: If you arrived early/late please indicate the approximate time;

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
More than an hour early	--	--	4 (6%)	1 (10%)	5 (6%)
30 minutes - 1 hour early	2 (29%)	--	10 (16%)	5 (50%)	17 (21%)
15 - 30 minutes early	2 (29%)	--	30 (47%)	4 (40%)	36 (44%)
15 - 30 minutes late	--	--	7 (11%)	--	7 (9%)
30 minutes - 1 hour late	3 (42%)	--	6 (9%)	--	9 (11%)
More than an hour late	--	--	7 (11%)	--	7 (9%)

Q7: Did your transport home arrive on time?					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	4 (33%)	22 (69%)	54 (50%)	10 (56%)	90 (53%)
No	8 (67%)	10 (31%)	55 (50%)	8 (44%)	81 (47%)

Like Q6, overall Q7 indicates a negative trend, with Q7a providing a mixed picture. Where responses were given to Q7a, these showed a slight increase in the number of people who were 15-30 minutes late for their journey home when compared to the Wave 1 activity, while those who had been waiting for over an hour was found to be less than previously.

Q7a: If you arrived early/late please indicate the approximate time;					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
More than an hour early	--	--	--	--	0
30 minutes - 1 hour early	--	--	--	--	0
15 - 30 minutes early	--	--	3 (7%)	1 (14%)	4 (6%)
15 - 30 minutes late	1 (17%)	--	12 (27%)	3 (43%)	16 (26%)
30 minutes - 1 hour late	4 (67%)	--	11 (24%)	2 (29%)	17 (27%)
More than an hour late	1 (17%)	4 (100%)	19 (42%)	1 (14%)	25 (40%)

Q8: Was the vehicle that picked you up clean and tidy?					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	12 (100%)	31 (100%)	121(100%)	17 (100%)	181 (100%)
No	0	0	0	0	0

Q9: Was the vehicle that picked you up suitable for your needs?					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	11 (92%)	32 (100%)	115 (94%)	18 (100%)	176 (96%)
No	1 (8%)	--	7 (6%)	--	8 (4%)

Q10: Was the vehicle comfortable?					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	12 (100%)	32 (100%)	115 (94%)	18 (100%)	177 (96%)
No	--	--	7 (6%)	--	7 (4%)

Q11: Was the vehicle that picked you up driven carefully?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	12 (100%)	29 (100%)	119 (98%)	17 (94%)	177 (98%)
No	--	--	2 (2%)	1 (6%)	3 (2%)

Q12: Did you feel the driver took the most appropriate route to your appointment?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	12 (100%)	31 (100%)	111 (94%)	17 (94%)	171 (96%)
No	--	--	7 (6%)	1 (6%)	8 (4%)

Q13: Did the crew/driver escort you to the reception desk of your destination and ensure that staff were made aware of your arrival?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Yes	11 (92%)	14 (45%)	75 (62%)	13 (72%)	113 (62%)
No	--	3 (10%)	5 (4%)	2 (11%)	10 (5%)
Not required	1 (8%)	14 (45%)	41 (34%)	3 (17%)	59 (32%)

There has been a reduction in the number of respondents who were escorted to the reception desk of their destination at arrival when compared to Wave 1, however this may have been offset by the positive increase in respondents who did not feel that it was necessary for the driver to do so.

Q14: Overall how satisfied were you with the quality of service you received?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Very satisfied	5 (42%)	18 (60%)	44 (36%)	4 (22%)	71 (39%)
Satisfied	6 (50%)	8 (27%)	58 (48%)	12 (67%)	84 (46%)
Neither satisfied nor dissatisfied	1 (8%)	1 (3%)	12 (10%)	1 (6%)	15 (8%)
Dissatisfied	--	1 (3%)	4 (3%)	1 (6%)	6 (3%)
Very dissatisfied	--	2 (7%)	3 (2%)	--	5 (3%)

While overall satisfaction levels remain high, there is a decrease in the number of respondents who said that they were 'Very Satisfied' with the quality of the service. However, respondents who were neither satisfied nor dissatisfied or stated a level of dissatisfaction showed only small levels of variance from Wave 1 activity.

Q15: How likely are you to recommend the Patient Transport Service to family and friends, if they need similar care and treatment?

	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Extremely likely	5 (42%)	15 (48%)	49 (40%)	2 (13%)	71 (39%)
Likely	7 (58%)	11 (35%)	44 (36%)	12 (75%)	74 (41%)
Neither likely nor unlikely	--	1 (3%)	12 (10%)	1 (6%)	14 (8%)
Unlikely	--	--	10 (8%)	1 (6%)	11 (6%)
Very Unlikely	--	4 (14%)	6 (5%)	--	10 (6%)

While most responses showed only small levels of variance from Wave 1, it is encouraging to see an increase in the level of respondents who said that would be likely to recommend the service.

Q16: If you have used the service in the last 6 months would you say it is now:					
	Online	East Sussex	Brighton & Hove	West Sussex	Total Respondents
Better	6 (50%)	12 (39%)	55 (60%)	6 (38%)	79 (52%)
About the Same	6 (50%)	17 (55%)	32 (35%)	9 (56%)	64 (42%)
Worse	--	2 (6%)	5 (5%)	1 (6%)	8 (5%)

This was a new question for the Wave 2 activity and therefore no comparable data was available. However over 50% of respondents felt that the service was better overall than previously.

Appendix 2: Equalities Information

The following information provides headline equality monitoring information for the activity shown within this report. At the time of contact, a respondent was invited to complete an equality monitoring form. The answers given were anonymous and not collated with the main responses, only by the locality in which they were collected.

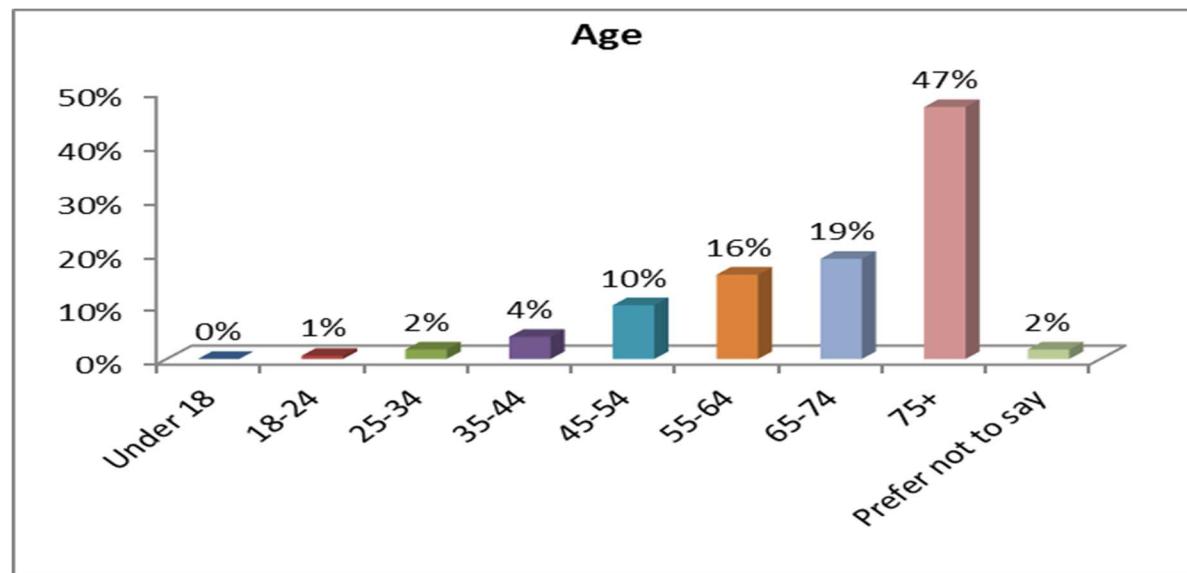
Unless stated, the responses shown below relate to the whole respondent number across the localities and areas of interest for a single area will be outlined separately.

Gender

Overall **58%** (99) of all people who completed the equality monitoring questions were Male. This was consistent across all the areas when analysed separately. In Brighton and Hove, 1% (1) person who responded said that they were neither of the options, and indicated that this was not their birth gender.

Age Range

The chart below shows the age range of those who responded.



Most respondents were aged over 75, consistently reflected across the areas when reviewed separately. Both East and West Sussex showed higher responses from those in the older age categories than Brighton, with **58%** and **56%** over 75, respectively. 45% of respondents from Brighton and Hove were those aged 75+.

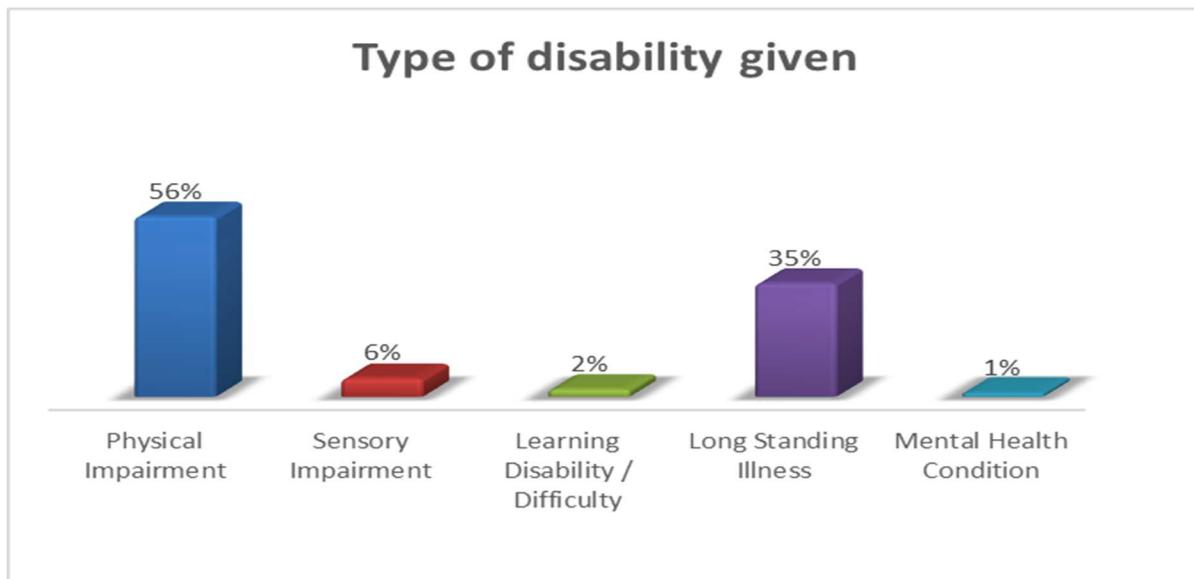
Ethnicity

93% (153) of respondents said that they were ‘White British’, and **100%** of those who responded from West Sussex declaring this as their ethnicity.

Brighton and Hove gave the widest range of responses to other ethnic categories, with 'White Irish' featuring prominently with 2.5%. Other smaller numbers of responses included (all 1%), Mixed White and Asian, Chinese and Bangladeshi. Some responses were 'Any other ethnic group' and were for 'White French' and 'White Italian'

Disability, barriers to access and caring for another

57% (89) respondents indicated that they were disabled, in some capacity. Where people indicated 'Yes', the chart below reflects the type of impairment or disability they provided. Please note that respondents were asked to identify the main impairment or disability only.



Where indicated, most people stated that they had some type of physical impairment. This was consistent across all the respondent localities.

Barriers to access

People were asked if they felt they had experienced any barriers to accessing services, with 12% (17) of respondents saying that they did. Reasons given included mobility issues and wheelchair access on public transport.

Appendix 3: Accessing the service as wheelchair users

When Healthwatch published its first report, HWES was contacted by the co-chair of East Sussex Wheelchair Service Collaborative (ESWSC) to attend a local meeting and hear directly some of the experiences of wheelchair users.

The following is a summary of PTS findings as reported in the joint Healthwatch PTS report, September 2017)

- Two patients indicated that some of the vehicles only have one set of wheelchair straps meaning that the driver cannot take more than one wheelchair user, and won't take anyone using their own wheelchair. The patient feels that SCAS are unaware of the needs of wheelchair users.
- Patient advised that their transport this morning had arrived on time but the driver had to pick up three patients in total despite there only being room for two passengers, meaning one patient was left behind. This had also happened the week before. The patient (wheelchair user) had in the past been listed as requiring a stretcher (untrue), or not needing a wheelchair at all. The patient believes the service is "appalling". (Page 16)
- A wheelchair user advised that her transport frequently turns up early before she is ready (patient has a carer who assists her). Patient has pressure sores and should be hoisted, but drivers are not allowed to do this, making the patient's sores much worse. Patient advised that SCAS are aware she has a carer and their working hours. Patient often arrives home late and after her carer has finished working. Last week a driver had told her "they weren't a taxi service". The patient reported this incident. (Page 17)

Recommendations from the Healthwatch report (previously published)

- There are specific areas that local Healthwatch in Sussex would recommend the provider and the commissioner seek to address, as a priority, to ensure patients continue to receive a consistent quality service, namely;
- Improve experiences for patients (and staff) accessing the contact centre.
- Improve service for patients over the weekend period.
- Provide patients with additional support with their mobility where needed.
- Increase use of patient forums and meaningful engagement so that service users can participate in service review and improvements.
- Ensure Clinical Quality and Patient experience is at the centre of every new service commissioned and an integral part of the operational delivery.

November 2017

The group were keen to share examples of good experiences as well as to share their concerns. A positive experience below involved an out of county appointment:

I am pleased to report that one of our group members with complex health needs at the Wheelchair Services Collaborative had a positive experience of using PTS to attend a hospital appointment at St Thomas's in London last week. Although the booking system was confusing, and the patient had to book separately for the return journey with Guy's and St Thomas's hospital transport, the person found the service on the upward journey to be good (although uncomfortable at times as the space for the wheelchair was over the rear wheel arch and thus suspension was quite jolting).

The manual, fold down ramp was low enough for the powered wheelchair to navigate safely into the vehicle. However, heavier powered wheelchairs may still struggle, the weight restriction was not clear on the Peugeot vehicle SCAS sent out to the patient. The vehicle SCAS provided was safe for carriage of the chair and accompanying carer, but space was tight for carrying a transfer board and other essential, personal equipment.

On the return journey the patient was surprised that an emergency ambulance was provided with two staff by the London transport service. Clamping of the wheelchair was provided, although not insisted upon, which it should have been. Surprisingly the emergency ambulance vehicle provided for the journey back to East Sussex was large enough to accommodate a powered wheelchair adequately.

However, there are some concerns over local journeys that members of the ESWSC wanted to highlight:

- Staff reported an incident where the wrong size ambulance was sent to collect an individual (they were brought to their clinic appointment in the correct size vehicle). This meant that the client was unable to access that particular ambulance and had to wait many hours for another suitable ambulance to collect them.
- An individual was collected 90 minutes early for their clinic appointment, and was then due to be collected at midday, the transport did not arrive until 15.45 pm, meaning the client waited at the wheelchair service for many hours.
- Many other clients attending assessment clinics and follow up appointments have to wait for excessively long periods for collection.
- Concern if the wheelchair user has a carer or partner who is disabled, PTS won't take them as they require another crew. Example: the patient has dementia and mobility needs and their partner may be mobility impaired as well.
- Mobility safety for wheelchair users, e.g. being required to reverse out of a PTS vehicle which is a risky manoeuvre and very difficult. Ambulance staff

should be assisting/guiding but apparently are not covered by insurance to do this.

- PTS criteria- ‘Oxygen dependent wheelchair users can take their own supply but will be booked to travel in an ambulance only if they can transfer to a car seat. Various types of wheelchairs and a Southampton Sling are available for those patients who are able to transfer to a vehicle seat/stretcher’. What about patients needing support to transfer and those who cannot transfer into another seat with their oxygen, but need to be transported in their own wheelchair? This applies to many NHS wheelchair service users.

Proposals

East Sussex Wheelchair Service Collaborative endorse the Patient Safety Group and Healthwatch recommendations in full and are keen to see the following implemented:

- Wheelchair users and carers across Sussex to be involved in reviewing protocols and training for call centre staff who book in wheelchair users and their carers for patient transport.
- Review staff training to ensure this provides a good understanding of the needs of mobility impaired patients. That is, those needing support with: transferring, hoisting and safe handling and mobilizing of their own wheelchairs in and out of vehicles.
- Patients with complex medical needs and mobility impairments to be involved in reviewing Patient Transport Services.

In addition to these proposals, Healthwatch calls upon the Trust to respond to both set of recommendations as outlined in the two reports, and to attend Wheelchair user group meetings across Sussex at six monthly intervals to ensure wheelchair users are included in improvement plans.

ENDS